

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037925

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 492

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

Cape

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau, Mo

Length of stay in 1b

8 Days

c. FULL NAME OF (If NOT in hospital, give location)

S.E. Missourian Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

C. Bollinger

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

Lutesville, Mo

d. STREET

(If outside, give location)

Lutesville Rt 4, Mo

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Edd

Middle

F.

Last

Long

4. DATE

OF DEATH

Month

Day

Year

Oct 25, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/14/1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

7

10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Scottdale, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

France Long

13b. MOTHER'S MAIDEN NAME

Martha Cook

14. NAME OF HUSBAND OR WIFE

Esther Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

17. INFORMANT

Address

Esther Long Lutesville Rt 4, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subdural Hematoma

INTERVAL BETWEEN ONSET AND DEATH

1 month

DUE TO (b)

Cerebral Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-16-62 to 10/26/62 and last saw her him alive on 10/24/62

Death occurred at 6:23 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

24 No. Sprigg St.

22c. DATE SIGNED

Cape Girardeau, Missouri

10/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct 26, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pulliam

23d. LOCATION (City, town, or county)

Bollinger, County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Coy Shetty

Lutesville, Mo

25. DATE RECD. BY LOCAL REG.

11-9-62

26. REGISTRAR'S SIGNATURE

Lynn Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

12/5/62

18b Cerebral arteriosclerosis

BY AFFIDAVIT OF Attending physician

MEDICAL CERTIFICATION

NOV 30 1962

NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Hammer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.